CALIFORNIA FORM

STATEMENT OF ECONOMIC INTERES

FAIR POLITICAL PRACTICES COMMISSION AIR POLITICAL PRACTICES COMMISSION COVER PAGE

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		MAR	1	2010		U
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(Check one)

Candidate

date of leaving office.

the date of leaving office.

Election Year: _

O The period covered is January 1, 2009, through the

O The period covered is ____/___, through

Please type or print in ink.	MAR - 1 PM 2: 42 Pu	lic Document		RTHIFGAL		
NAME (LAST)	(FIRST)	(MIDE	LE)	DAYTIME TELEPHONE NUMBER		
Bonner	Dale	E.		(916) 323-5401		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS		
980 9th Street, Suite 2450	Sacramento	CA	95814	,		
1. Office, Agency, or Cou	rt	4. Schedu	le Summar	`V		
Name of Office, Agency, or Court:	► Total number of pages					
Business, Transportation and H		his cover pag	e: ————			
Division, Board, District, if applicab		► Check applinterests."	licable schedu	les or "No reportable		
Your Position:		I have disc attached so		on one or more of the		
Secretary		Schedule A	1 🔲 Yes – s	schedule attached		
 If filing for multiple positions, list position(s): (Attach a separate 		Investments	(Less than 10% Owr	nership)		
, , , , , , , , , , , , , , , , , , , ,	sileet ii fiecessary.)	Schedule A	2 🔲 Yes - s	schedule attached		
Agency: see attached		Investments	(10% or Greater Ow.	nership)		
Position:		Schedule E Real Proper		schedule attached		
2. Jurisdiction of Office	Chack at least one hov)		ns, & Business F	schedule attached Positions (Income Other than Gifts		
	Sucou at lodge one next	and Travel Pay	ments)			
County of		Schedule D		schedule attached		
City of		Income – Gi	_			
		Schedule E	.: ☐ Yes – s fts – Travel Payπ	schedule attached		
Multi-County		income - Gi	•			
Other			-or	•		
[0 = 10····		☐ No repo	rtable interests	on any schedule		
3. Type of Statement (che	eck at least one box)					
Assuming Office/Initial Da	ate:/	5. Verificat				
★ Annual: The period covered is January 1, 2009.						
through December 31, 2009.				e diligence in preparing this this statement and to the best		
-or-		of my knowled	ige the informat	ion contained herein and in any		
O The period covered is December 31, 2009.	//, through		edules is true a	·		
Leaving Office Date Left:	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					

Date Signad

Signatu

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

March 1, 2010

Secretary of the Business, Transportation and Housing Agency Commissions, Boards and other State Agencies

California Coastal Commission

Melanie Wong 45 Fremont Street, Suite 1900 San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority

Department of Justice 1300 I Street, Suite 125 P. O. Box 944255 Sacramento, California 94244-2550

California Housing Finance Agency

Ms, JoJo Ojima Office of the General Counsel 1415 "L" Street, Suite 500 Sacramento, California 95814

Grand Avenue Joint Powers Authority Board of Directors

Ms. Karen A. Lichtenberg
County of Los Angeles
648 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012-2713

Managed Risk Medical Insurance Board

Ms. Laura Rosenthal
Chief Counsel
1000 G Street, Suite 450
Sacramento, California 95814

San Francisco Bay Conservation and Development Board

Ms. Ellen Sampson 50 California Street, Suite 2600 San Francisco, California 94111

Technology Services Board

Ms. Betty Hickerson
P. O. Box 1810
Rancho Cordova, California 95741-1810

California Infrastructure and Economic Development Bank

980 9th Street, Suite 900 Sacramento, California 95814

Secretary of the Business, Transportation and Housing Agency Commissions, Boards and Other State Agencies (Continued)

Small Business Development Program and State Assistance Fund for Enterprise Business and Industrial Development Corporation (SAFE-BIDCO)

Mary Jo Dutra
President, Chief Executive Officer
1377 Corporate Center Parkway, Suite A
Santa Rosa, CA 95407

California Science Center

Jeffrey N. Rudolph 700 State Drive Los Angeles, CA 90037

California Travel & Tourism Commission

Matthew Sabbatini 980 9th Street, Suite 480 Sacramento, CA 95814

California Industrial Development Financing Advisory Commission

Mark Paxson
General Counsel
State Treasurer's Office
915 Capitol Mall, Room 538
Sacramento, CA 95814

California Workforce Investment Board

Michelle Green 777 12th Street, Suite 200 Sacramento, CA 95814

SCHEDULE D Income - Gifts



Bonner, Dale E.

► NAME OF SOURCE	► NAME OF SOURCE			
Governor Schwarzenegger				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
State Capitol, Sacramento, CA 95814				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
06 , , 09 。 30 birthday balloons				
06 , , 09 s 30 birthday balloons	\$			
12 , , 09 s 45 CA State flag				
12	\$			
12 , , 09 s 34 popcorn tin				
NAME OF SOURCE	NAME OF SOURCE			
Joseph Farrow				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
601 N. 7th Street, Sacramento, CA 95811				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
01 , 01 , 09 , 170 Rose Bowl				
\$	\$			
NAME OF SOURCE	NAME OF SOURCE			
. ,,,,,,,				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
	\$			
	\$			
1 1 6				
	11			
Comments:	<u> </u>			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A M E N D M E N T

STATEMENT OF ECONOMIC INTERES

COVER PAGE

A Public Document

(MIDDLE)

ZIP CODE

95814

E.

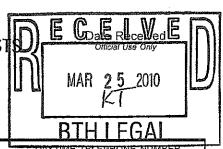
STATE

CA

5. Verification

Date Signed

Signature



OPTIONAL: E-MAIL ADDRESS

(916) 323-5401

Please type or print in ink.

NAME (LAST)	(FIRST)			
Bonner	Dale			
MAILING ADDRESS STREET (Business Address Acceptable)	CITY			
980 9th Street, Suite 2450	Sacramento			
1. Office, Agency, or Court				
Name of Office, Agency, or Court:				
Business, Transportation and Housing Agency				
Division, Board, District, if applicable:	9 , 1,9 0,10 9			
Your Position:				
Secretary				
▶ If filing for multiple positions, list add				
position(s): (Attach a separate she	eet if necessary.)			
Agency: see attached				
Position:				
2. Jurisdiction of Office (Che	ck at least one box)			
⊠ State				
County of				
☐ City of				
Multi-County				
☐ Other				
3. Type of Statement (Check	at least one box)			
☐ Assuming Office/Initial Date:				
Annual: The period covered is Jal through December 31, 2009.	nuary 1, 2009,			
-or-				
O The period covered is/ December 31, 2009.	/, through			
Leaving Office Date Left:/_ (Check one)				
O The period covered is January date of leaving office.	1, 2009, through the			
-or-				
O The period covered is/ the date of leaving office.	/, through			
Candidate Election Year:	· · · · · · · · · · · · · · · · · · ·			

4. Schedule Summary				
► Total number of pages including this cover page:5				
► Check applicable schedules or "No reportable interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2				
Schedule B				
Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D				
Schedule E 🔀 Yes – schedule attached Income – Travel Payments				
-or-				
No reportable interests on any schedule				

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

March 22, 2010

V(File the originally signed statement with your liling official.)

attached schedules is true and complete.

Secretary of the Business, Transportation and Housing Agency Commissions, Boards and other State Agencies

California Coastal Commission

Melanie Wong 45 Fremont Street, Suite 1900 San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority

Department of Justice 1300 I Street, Suite 125 P. O. Box 944255 Sacramento, California 94244-2550

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Secretary of the Business, Transportation and Housing Agency Commissions, Boards and Other State Agencies (Continued)

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California Industrial Development Financing Advisory Commission

Mark Paxson General Counsel State Treasurer's Office 915 Capitol Mall, Room 538 Sacramento, CA 95814

Michelle Green

California Workforce Investment Board
777 12th Street, Suite 200
Sacramento, CA 95814

Sheryl Sheehan

Employment Training Panel
1100 J Street, 4th Floor
Sacramento, CA 95814

SCHEDULE D Income - Gifts



NAME OF SOURCE		► NAME OF SOURCE	=	
Governor Schwarzenegger				
ADDRESS (Business Address Acceptab	ADDRESS (Business Address Acceptable)			
State Capitol, Sacramento,	State Capitol, Sacramento, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOL	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 09 \$ 70	CA State flag		\$	<u> </u>
\$	-		\$	
/\$			\$	
NAME OF SOURCE		► NAME OF SOURCE		
ADDRESS (Business Address Acceptate	ble)	ADDRESS (Business	s Address Accep	otable)
BUSINESS ACTIVITY, IF ANY, OF SOL	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	-		\$.
// \$			\$	
\$			\$	
NAME OF SOURCE		Verification Print Name Dale	E Bonner	
ADDRESS (Business Address Acceptal	ble)	Office, Agency		nsportation & Housing
BUSINESS ACTIVITY, IF ANY, OF SOL	IRCF	or Court Bus	3111C33, 11td1	isportation & Flousing
		Statement Type	∑ 2009/2010 Annu	Annual Assuming Leaving
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)			e in preparing this statement. I have
\$		reviewed this stateme	ent and to the b	pest of my knowledge the information and schedules is true and complete.
\$		l certify under pen California that the	alty of perjur foregoing is	y under the laws of the State of true and correct.
		Date Signed	Ma	arch 22, 2010
		Signature		
		L		
Comments:				

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
California State Protocol Foundation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
See comments below.	
DATE(S): 09 / 26 / 09 _ 09 / 30 / 09 AMT: \$ 1,411.47	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) 🛛 Gift 🔲 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Hotel, meals, transportation, business expenses, and incidentals to attend Governor's Trade Mission to Chile.	DESCRIPTION:
► NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Dale E. Bonner
CITY AND STATE	or Court Business, Transportation & Housing
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2009/2010 Annual Assuming Leaving Candidate
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
DATE(S):/	contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one) Gift Income	Date Signedway March 22, 2010
DESCRIPTION:	day, year)
	Signature
Comments: The California State Protocol Foundation is a support on diplomatic and consular matters.	501(c)(3) organization that promotes California and provides